CITY OF SAN ANTONIO
ECONOMIC DEVELOPMENT
DEPARTMENT

CITY OF SAN ANTONIO
SUBCONTRACTOR/SUPPLIER UTILIZATION PLAN

SOLICITATION NAME: ***Ray Ellison Blvd.***

RESPONDENT NAME:

SOLICITATION API: ***Minority / Women-Owned Business Enterprise (M/WBE) Subcontracting Program and African American Business Enterprise (AABE) Subcontracting Program***

API REQUIREMENTS: Respondents must demonstrate commitment to satisfy a ***eighteen percent (18%) M/WBE subcontracting goal***. Moreover, **two percent (2%)** out of the eighteen percent (18%) M/WBE subcontracting goal is to be subcontracted to **AABE firms.** Segmented AABE goals target the participation of AABEs within select industries (Construction, Professional Services & Other Services) as identified by the availability in the Central Vendor Registry. Participation by AABE subcontractors automatically counts toward the M/WBE subcontracting goal.

Pursuant to the SBEDA Ordinance, M/WBEs and AABEs must also be certified as SBEs with the South Central Texas Regional Certification Agency (SCTRCA) and be headquartered or have a Significant Business Presence in the San Antonio Metropolitan Statistical Area to satisfy the above-stated goals. Self-performance by M/WBE and/or AABE prime respondents does not count towards these subcontracting goals. Commitment to meet subcontracting requirements must be demonstrated by writing the **company name, SAePS vendor number of each subcontractor/supplier, dollar value or percentage of participation on the contract, and type of work to be performed****.

In the absence of a waiver granted by the Small Business Office, failure of a Respondent to commit to satisfying the M/WBE and AABE subcontracting goals shall render its response NON-RESPONSIVE. For further clarification, please contact Ruben Flores at (210) 207-3923.

Enter Respondent's (Prime) proposed contract participation level.

	PARTICIPATION DOLLAR AMOUNT	% LEVEL OF PARTICIPATION	CERTIFICATION TYPE AND NUMBER	TYPE OF WORK TO BE PERFORMED (BY NIGP CODE)
Prime:	$	%		
SAePS Vendor #:			SCTRCA #:	

List ALL subcontractors/suppliers that will be utilized for the entire contract period, excluding possible extensions, renewals and/or alternates. Use additional pages if necessary.

Sub:	$	%		
SAePS Vendor #:			SCTRCA #:	
Sub:	$	%		
SAePS Vendor #:			SCTRCA #:	
Sub:	$	%		
SAePS Vendor #:			SCTRCA #:	

***** Prime respondent and all subcontractors/suppliers must be registered in the City of San Antonio Electronic Procurement System (SAePS). To learn more about how to register, please call (210) 207-0118 or visit http://www.sanantonio.gov/purchasing/saeps.aspx.***

Sub: SAePS Vendor #:	$	%	 SCTRCA #:	
Sub: SAePS Vendor #:	$	%	 SCTRCA #:	
Sub: SAePS Vendor #:	$	%	 SCTRCA #:	
Sub: SAePS Vendor #:	$	%	 SCTRCA #:	
Sub: SAePS Vendor #:	$	%	 SCTRCA #:	
A.Total Prime Participation:	$	%	*A. Total base bid amount to be kept by prime.*	
B.Total Sub Participation:	$	%	*B. Total amount prime will pay to certified and non-certified subcontractors/suppliers*	
C.Total Certified Sub Participation:	$	%	*C. Total amount prime will pay to certified subcontractors/suppliers per the eligibility requirements stated above*	
D.Total Prime & Sub Participation*:	$	%	*D. Total prime and subcontractor(s)/supplier(s) participation must equal your base bid amount (A+B)*	

If a business is not certified, please call the Small Business Program Office at (210) 207-3900 for information and details on how subcontractors and suppliers may obtain certification.

I HEREBY AFFIRM THAT I POSSESS DOCUMENTATION FROM ALL PROPOSED SUBCONTRACTORS/SUPPLIERS CONFIRMING THEIR INTENT TO PERFORM THE SCOPE OF WORK FOR THE PRICE INDICATED ABOVE. I FURTHER AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND AND AGREE THAT, IF AWARDED THE CONTRACT, THIS DOCUMENT SHALL BE ATTACHED THERETO AND BECOME A BINDING PART OF THE CONTRACT.

Print Name: _____ **Sign:** _____ **Title:** _____
Date: _____

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FOR CITY USE

Action Taken: Approved_____ **Denied**_____ _____

ASSISTANT DIRECTOR
ECONOMIC DEVELOPMENT DEPARTMENT